1	If the answer is "no," state the date of last employment and the amount of the gross and net					
2	salary and w	salary and wages per month which you received. (If you are imprisoned, specify the last				
3	place of emp	place of employment prior to imprisonment.)				
4						
5			•	·		
6		<u> </u>		<u> </u>		
7	2. Have	you received, within the past tw	velve (12) months, any money from a	any of the		
8	following so	ources:		1		
9	a.	Business, Profession or	Yes No <u>×</u> _	3		
10		self employment	\ <u></u>			
11	b.	Income from stocks, bonds,	Yes No			
12		or royalties?				
13	c.	Rent payments?	Yes No			
14	d.	Pensions, annuities, or	Yes NoX_			
15		life insurance payments?	,			
16	e.	Federal or State welfare paym	nents, Yes No No			
17		Social Security or other gover	m-			
18		ment source?	(Co. 1)			
19	If the answe	If the answer is "yes" to any of the above, describe each source of money and state the amount				
20	received fro	m each.				
21						
22						
23	3. Are you married? Yes No\(\frac{\lambda}{}{}\)					
24	Spouse's Full Name:					
25	Spouse's Place of Employment:					
26	Spouse's Monthly Salary, Wages or Income:					
27	Gross \$	Gross \$ Net \$				
28	l)		to your spouse's support:\$			
		· · · · · · · · · · · · · · · · · · ·				
	RIS. APP. TO PR	RIS. APP. TO PROC. IN FORMA PAUPERIS, Case No				

b. List the per	rsons other than your spouse			
support and indicate how much you contribute toward their support. (NOTE:				
For minor children, list only their initials and ages. DO NOT INCLUDE				
THEIR NA	AMES.).			
b				
5. Do you own or are	you buying a home?	Yes	_ No <u>&</u>	
Estimated Market Value: \$ Amount of Mortgage: \$				
6. Do you own an au	tomobile?	Yes .	_ No _ <u>d</u>	
Make	Year l	Model		
Is it financed? Yes No If so, Total due: \$				
Monthly Payment: \$				
7. Do you have a bank account? Yes No (Do not include account numbers.)				
7. Do you have a bar		_ ,		
	of bank:	\		
Name(s) and address(es)	of bank:			
Name(s) and address(es) of the second	of bank:		·	
Present balance(s): \$ Do you own any cash? Y	of bank:	\$		
Present balance(s): \$ Do you own any cash? Y	of bank:	\$		
Present balance(s): \$ Do you own any cash? You be you have any other as:	of bank:	\$		
Present balance(s): \$ Do you own any cash? You be you have any other as:	Yes No \(\sum_{\text{No mount:}} \) Sets? (If "yes," provide a de	\$		
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo	Yes No \(\sum_{\text{No mount:}} \) Sets? (If "yes," provide a de	\$scription of ea	ch asset and its estimated	
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo	Yes No \(\sum_\) Amount: sets? (If "yes," provide a de No \(\sum_\) onthly expenses?	\$scription of ea	ch asset and its estimated	
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo	res No \(\subseteq \) Amount: sets? (If "yes," provide a de No \(\subseteq \) onthly expenses? Utilities:	\$scription of ea	ch asset and its estimated	
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo Rent: \$ Food: \$	res No \(\subseteq \) Amount: sets? (If "yes," provide a de No \(\subseteq \) onthly expenses? Utilities:	\$scription of ea	ch asset and its estimated	
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo Rent: \$ Food: \$ Charge Accounts:	res No D Amount: sets? (If "yes," provide a de No D onthly expenses? Utilities: Clothing	\$scription of ea	ch asset and its estimated	
Present balance(s): \$ Do you own any cash? Y Do you have any other as market value.) Yes 8. What are your mo Rent: \$ Food: \$ Charge Accounts:	res No \(\sets \) Amount: sets? (If "yes," provide a de No \(\sets \) onthly expenses? Utilities: Clothing Monthly Payment \$	\$scription of ea	ch asset and its estimated	

1	9. Do you have any other debts? (List current obligations, indicating amounts and to			
2	whom they are payable. Do not include account numbers.)			
3	child support			
4				
5	•			
6	10. Does the complaint which you are seeking to file raise claims that have been presented			
7	in other lawsuits? Yes No X_			
8	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in			
9	which they were filed.			
10				
11				
12	I consent to prison officials withdrawing from my trust account and paying to the court			
13	the initial partial filing fee and all installment payments required by the court.			
14	I declare under the penalty of perjury that the foregoing is true and correct and			
15	understand that a false statement herein may result in the dismissal of my claims.			
16				
17	DATE SIGNATURE OF APPLICANT			
18	DATE SIGNATURE OF AFFLICANT			
19				
20	Case Number:			
21				
22				
23				
24				
25				
26				
27				
28				

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1	<i>a</i> ,
2	Case Number: <u>CC448323</u>
3	\mathcal{A}_{o}
4	
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6	
7	
8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of for the last six months [prisoner name]
14	MULE CYECK STATE where (s)he is confined. [name of institution]
15	I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were sand the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	A)
19	Dated: 6-20-88 (Authorized officer of the institution)
20	
21	
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26 27	.e
28	
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TRUST	CREEK	DEPAR	
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SYSTEM	SON	F CORRECTIONS	
3		SNOIL	

PAGE NO:

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FOR THE PERIOD: DEC. 01, 2007 THRU JUN. CALIFORNIA MULE INMATE INMATE TRUST ACCOUNT STATEMENT

(< NO ACCOUNT ACTIVITY FOR THIS PERIOD >> TRUST ACCOUNT ACTIVITY

Page 6 of

H118

LEGAL COPIES HOLD

0620 4701 COMMENT

2.70

HOLD AMOUNT

TRUST ACCOUNT SUMMARY

DESCRIPTION

CURRENT HOLDS IN EFFECT

CODE

0.00

0.00

0.00

0.00

70

0.00

AVAILABLE BALANCE CURRENT

2.70-

DEPOSITS

UITHBRAUALS

TOTAL

BALANCE

BALANCE

HOLDS

TRANSACTIONS . TO BE POSTED

Document 2

BED/CELL NUMBER: A 0500000000142U ACCOUNT TYPE: I

BLACK, GABIREL

ACCOUNT NAME : BLACK,

BRIVILEGE GROUP: A

TOTOLEOS.	1 Junes	CALIEODAIN DEPARTA	۶ د	SY THIS DEFICE	THE WITHIN INSTRUM

Acet. Clerk

Case 3 08-cy-03218-CRB